

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

PETER RODRIGUEZ,

21-cv-1810 (JGK)

Plaintiff,

ORDER

- against -

CAPTAIN COHALL, ET AL.,

Defendants.

JOHN G. KOELTL, District Judge:

The plaintiff can file an amended complaint by **June 21, 2021**. The defendants can move or answer the amended complaint by **July 9, 2021**. If the defendants file a motion, the plaintiff should respond by **July 30, 2021**. The defendants may reply by **August 13, 2021**.

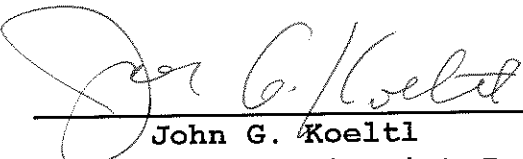
The defendants should order a copy of the transcript from the telephone conference on May 19, 2021 and provide a copy to the plaintiff.

Along with this Order, the Court is providing the plaintiff with a copy of the original complaint, ECF No. 2, the docket sheet, and a form for an amended complaint. For further instructions on how to complete the amended complaint, the plaintiff should consult the informational package that was mailed to the plaintiff on March 10, 2021. If the plaintiff needs another copy of the informational package, the plaintiff should so advise the Court. If the parties think the assistance of the

Magistrate Judge would be useful for purposes of settlement, the parties should so advise the Court.

SO ORDERED.

Dated: New York, New York
May 19, 2021



John G. Koeltl
United States District Judge

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

RECEIVED
SDNY PRO SE OFFICE
2021 MAR -2 AM 10:27

Peter Rodriguez

Write the full name of each plaintiff.

No. _____
(To be filled out by Clerk's Office)

-against-

COMPLAINT
(Prisoner)

Capt. Cohall, C.O. Felipe,

C.O. GADSON, CITY OF NEW YORK

Do you want a jury trial?
☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights.

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Peter Rodriguez
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

349-116-03090
Prisoner ID # (If you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

MANHATTAN DETENTION COMPLEX
Current Place of Detention

125 WHITE STREET
Institutional Address

NY NY 10013
County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

COHALL
 First Name Last Name Shield #
 CAPTAIN
 Current Job Title (or other identifying information)
 125 WHITE STREET
 Current Work Address
 NY NY 10013
 County, City State Zip Code

Defendant 2:

GADSON
 First Name Last Name Shield #
 CORRECTIONS OFFICER
 Current Job Title (or other identifying information)
 125 WHITE STREET
 Current Work Address
 NY NY 10013
 County, City State Zip Code

Defendant 3:

CITY OF NEW YORK
 First Name Last Name Shield #
 GOVERNMENT
 Current Job Title (or other identifying information)
 CITY HALL
 Current Work Address
 NY NY 10007
 County, City State Zip Code

Defendant 4:

FELICE
 First Name Last Name Shield #
 CORRECTIONS OFFICER
 Current Job Title (or other identifying information)
 125 WHITE ST
 Current Work Address
 NY NY 10013
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: 9 South Manhattan Detention Center

Date(s) of occurrence: 9/24/20

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On or about 9/24/20 at approximately 1:45pm
at the Manhattan Detention in housing area
9 South An inmate next door to me in
5 cell was involved in a use of force
with ESO officers in which chemical
agents were utilized causing my
pre-existing medical condition - asthma
to be aggravated. I experienced breathing
difficulties, chest pains, blur, vision
dizziness skin burning irritation trauma
anxiety and fear of my life which I immediately
notified the ESO officers and ESO Captain
of my need to be provided with required
medical care (was told "stand by") then
notified floor officers Felipe and CO Gadsen
of my medical complaints and need to
access medical care. Capt. Cohall was also
notified by myself. Capt. Cohall replied "
I don't care call 311. Capt. Cohall floor
officer Felipe and CO Gadsen is required

to notify medical of my illness / medical condition as per NYC D.O.C. policy and procedure which they did not adhere to. The failure of defendants to provide me medical care subjected me to unnecessary pain and suffering in violation of my 8th Amendment constitutional rights. Defendants also breached their duty of care. The City of New York is liable as they are

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

8th Amendment violation chest pains, breathing problems, blurry vision, burning eyes and skin irritation TRAUMA, ANXIETY Fear intimidation PTSD.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

COMPENSATORY DAMAGES	relief \$1 million
GENERAL DAMAGES	" \$1 million
ACTUAL DAMAGES	" \$1 million
FUTURE DAMAGES	" \$1 million

FACT 5: Defendant is employer and failed to adequately train supervise defendants. The City of New York is aware of the continued violation of inmates access to medical care and as NY C.D.O.C. policy maker failed to adequately train supervise and discipline NY C.D.O.C. employees in providing inmates medical care. Former Deputy Commissioner of Mental Health Dr. Nicole Adams Flores even filed a lawsuit against NY C.D.O.C. employees for their continued widespread custom of denying delaying and interfering with inmate medical care violating NY C.D.O.C. employees medical directive. Without the proper training supervising and disciplining of NY C.D.O.C. officers, commanding officers in enforcing NY C.D.O.C. medical directive my injuries pain and suffering was foreseeable making City of New York liable despite chemical agents being utilized on date of incident defendants did not provide any inmate medical care with the exception of the inmate involved in the 4.0.7 incident defendants I am confident will not be able to provide any documentation that any other was provided medical care.

INMATE Tyron M. Massey # 895200522
has filed over 10 lawsuits claiming
the continued denial of medical care
by NYC D.O.C employees & further
evidence of the City of New York
aware of their need to take meaningful
measures to ensure the enforcement
of the NYC D.O.C medical directive
by NYC D.O.C employees to avoid the
unnecessary litigation of inmates against
the City of New York and NYC D.O.C
employees. It may be documented that
such use of force incident occurred on
such aforementioned date and time
however there is no logbook entries,
inmate refusal of medical care forms
no evidence that defendants took
appropriate measures to provide
medical care to myself or the other
inmates in the housing area following
the exposure of chemical agents not
properly documenting the providing of
medical care to me and other inmates
following chemical agent exposure is of
itself a violation of NYC D.O.C
policy and procedures. The proper documentation
of aforementioned incident and providing
of medical care is a measure that could

have Aided defendants ~~IN~~ properly
defending Against my Assertion of
FACTS as well as the preservation
of video footage of Aforementioned
Incident as I am asserting the FACT
the video surveillance of housing area
my living Quad recorded me trying to
provide myself breathing complications
relief as I kept using Asthma pump
without sufficient relief gained
Also STAFF complaints are not
subjected to grievance process
In addition to N.Y.C D.O.C employees
intimidating me 311 complaint was made
however as I was in fear of my life
in Complaint # EC-06193928
Defendants subjected me to cruel and
unusual punishment via safe prison conditions
that are not in accordance of A
Contemporary Society,

~~AFIDAVIT~~ OF TRUTH

I Tyrone Massey 8952000522 observe
chemical agents utilized against a
inmate by E.S.U officers. I also observed
inmate Peter Rodriguez pleading for
the assistance of officer Felipe, C.O. GADSO
CAPT. COHALL and E.S.U officer / E.S.U CAPTAIN
to provide medical care as he was
having breathing complications burning and
using Asthma pump with out Asthma pump
providing any relief. I also observed
CAPT. COHALL tell Peter Rodriguez "I don't
care of your medical complaint CALL 311"

I am providing this statement of my own
free will without promise of award or
benefit from Peter Rodriguez. I declare
the above facts to be true and is providing
above statement under penalty of perjury

~~STATE OF NEW YORK~~

Sworn to before
me this 8TH DAY
of DEC 2020

respectfully submitted
Tyrone Massey
8952000522

~~TYRONE MASSEY~~

~~Notary Public~~
No. TARY public

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

12/5/20
Dated
First Name Middle Initial Last Name
Prison Address
County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

12/7/20



First-Class Mail
Postage & Fees Paid
USPS
Permit No. 649

SDNY PRO SE OFFICE

MAR -2 AM 10:07

Jose Rodriguez 349-16-03090
125 White St M.D.C.
New York, NY 10013

10038

U.S. District Court
S.D.-N.Y.
500 Pearl St
New York, NY 10013

U.S. District Court
Southern District of New York (Foley Square)
CIVIL DOCKET FOR CASE #: 1:21-cv-01810-JGK
Internal Use Only

Rodriguez v. Cohall et al
Assigned to: Judge John G. Koeltl
Cause: 42:1983 Prisoner Civil Rights

Date Filed: 03/02/2021
Jury Demand: None
Nature of Suit: 555 Prisoner: Prison
Condition
Jurisdiction: Federal Question

Plaintiff

Peter Rodriguez

represented by **Peter Rodriguez**
NYSID: 09839298P
B&C: 3491603090
15-00 Hazen Street
E. Elmhurst, NY 11370
PRO SE

V.

Defendant

Captain Cohall

Defendant

Correction Officer Gadsen

Defendant





City of New York




represented by **Ian William Forster**
New York City Law Department, General
Litigation Division
100 Church Street
New York, NY 10007
(212) 356-2624
Email: iforster@law.nyc.gov
LEAD ATTORNEY
ATTORNEY TO BE NOTICED

Mark Galen Toews
NYC Law Department
100 Church Street Room 3-212
New York, NY 10007
(212) 356-0871
Fax: (212)-788-8877
Email: mtoews@law.nyc.gov
ATTORNEY TO BE NOTICED

Defendant

Correction Officer Felipe

Date Filed	#	Docket Text
03/02/2021	<u>1</u>	REQUEST TO PROCEED IN FORMA PAUPERIS. Document filed by Peter Rodriguez. (sac) (Entered: 03/02/2021)
03/02/2021	<u>2</u>	COMPLAINT against City of New York, Cohall, Felipe, Gadsen. Document filed by Peter Rodriguez. (sac) Modified on 3/8/2021 (sac). (Entered: 03/02/2021)
03/02/2021	<u>3</u>	PRISONER AUTHORIZATION. Document filed by Peter Rodriguez. (sac) (Entered: 03/02/2021)
03/02/2021		Case Designated ECF. (sac) (Entered: 03/02/2021)
03/02/2021		(Court only) *** Set/Clear Flags *** Added flag(s):PRO SE. (sac) (Entered: 03/02/2021)
03/02/2021		(Court only) *** Set/Clear Flags *** Added flag(s):PRO SE REVIEW. (sac) (Entered: 03/02/2021)
03/02/2021		(Court only) PRISON INFORMATION: The above entitled action belongs to Nature of Suit 555. The prison this case relates to: NEW YORK. (sac) (Entered: 03/02/2021)
03/02/2021		(Court only) Pro Se Staff Attorney B. Lerner [Telephone Extension 0699] assigned case. Pro Se Staff Attorney Flag PSA-Lerner set. Pro Se Staff Attorney Action (Screening Memo to Judge/Sua Sponte Order to Dismiss, Amend or Transfer, or Order to Answer) due by 4/1/2021. (sac) (Entered: 03/02/2021)
03/03/2021	<u>4</u>	ORDER GRANTING IFP APPLICATION IN PRISONER CASE: The Clerk of Court is directed to send a copy of this order and the prisoner authorization to the agency having custody of Plaintiff. That agency is directed to forward copies of Plaintiff's prison trust fund account for the past six months and to disburse the payments required under 28 U.S.C. § 1915 to the United States District Court for the Southern District of New York and to include the above docket number on the disbursement before sending it to the Court. If Plaintiff is transferred to another facility, the current facility shall provide a copy of this order to the facility to which Plaintiff is transferred. The Clerk of Court is also directed to send a copy of this order to Plaintiff and note service on the docket. Finally, it is Plaintiff's obligation to promptly submit a written notification to the Court if Plaintiff's address changes, and the Court may dismiss the action if Plaintiff fails to do so. (Signed by Judge Colleen McMahon on 3/3/2021) (vn) Transmission to Docket Assistant Clerk for processing. (Entered: 03/04/2021)
03/04/2021		Mailed a copy of <u>4</u> Order Granting IFP Application in Prisoner Case to the Superintendent of Manhattan Detention Center at 125 White Street, New York, NY 10013. (kh) (Entered: 03/04/2021)
03/08/2021		NOTICE OF CASE REASSIGNMENT to Judge John G. Koeltl. Judge Unassigned is no longer assigned to the case. (vba) (Entered: 03/08/2021)
03/08/2021		Magistrate Judge Stewart D. Aaron is so designated. Pursuant to 28 U.S.C. Section 636(c) and Fed. R. Civ. P. 73(b)(1) parties are notified that they may consent to proceed before a United States Magistrate Judge. Parties who wish to consent may access the necessary form at the following link: https://nysd.uscourts.gov/sites/default/files/2018-06/AO-3.pdf . (vba) (Entered: 03/08/2021)

03/08/2021		<u>5</u>	(Court only) Screening Memo to Judge Recommending: Order of Service. Proposed Order deadline set for 3/18/2021. (Attachments: # <u>1</u> Text of Proposed Order) (bl) (Entered: 03/08/2021)
03/09/2021		<u>6</u>	ORDER OF SERVICE: The Clerk of Court is directed to mail a copy of this order to Plaintiff, together with an information package. The Clerk of Court is further directed to electronically notify the New York City Department of Correction and the New York City Law Department of this order. The Court requests that Defendants City of New York, MDC Captain Cohall, Correction Officer Gadsen, and Correction officer Felipe waive service of summons. SO ORDERED. Waiver of Service due by 4/8/2021. (Signed by Judge John G. Koeltl on 3/9/2021) (jca) Transmission to Pro Se Assistants for processing. (Entered: 03/09/2021)
03/09/2021			(Court only) Set/Reset Pro Se Case Tracking Deadlines: Send FRCP 4 Service Package by 3/24/2021. (jca) (Entered: 03/09/2021)
03/10/2021		<u>7</u>	INFORMATION PACKAGE MAILED to Peter Rodriguez NYSID: 09839298P B&C: 3491603090 Manhattan Detention Center 125 White Street New York, NY 10013, at, on 3/10/2021 Re: <u>6</u> Order of Service. The following document(s) were enclosed in the Service Package: a copy of the order of service or order to answer and other orders entered to date, order granting IFP application, the individual practices of the district judge and magistrate judge assigned to your case, Instructions for Litigants Who Do Not Have Attorneys, Notice Regarding Privacy and Public Access to Electronic Case Files, a Motions guide, a notice that the Pro Se Manual has been discontinued, a Notice of Change of Address form to use if your contact information changes, a handout explaining matters handled by magistrate judges and consent form to complete if all parties agree to proceed for all purposes before the magistrate judge. (aan) (Entered: 03/10/2021)
03/10/2021			(Court only) Pro Se Staff Attorney Assignment Completed. (bl) (Entered: 03/10/2021)
03/25/2021		<u>8</u>	WAIVER OF SERVICE RETURNED EXECUTED. Cohall waiver sent on 3/25/2021, answer due 5/24/2021. Document filed by Cohall..(Richardson, Lisa) (Entered: 03/25/2021)
03/25/2021		<u>9</u>	WAIVER OF SERVICE RETURNED UNEXECUTED as to Gadsen, Filipe. Document filed by Felipe, Gadsen..(Richardson, Lisa) (Entered: 03/25/2021)
03/29/2021		<u>10</u>	NOTICE OF APPEARANCE by Ian William Forster on behalf of City of New York..(Forster, Ian) (Entered: 03/29/2021)
03/29/2021		<u>11</u>	WAIVER OF SERVICE RETURNED EXECUTED. Document filed by City of New York..(Forster, Ian) (Entered: 03/29/2021)
04/02/2021		<u>12</u>	ORDER: A telephone conference will be held on Tuesday, April 13, 2021, at 11:00am. The facility where the defendant is housed shall make the plaintiff available for the conference. The parties shall dial in, at 888 363-4749, with access code 8140049. Counsel for the defendants shall forward a copy of this order to the facility where the plaintiff is housed, and shall make all arrangements with the facility to have the plaintiff available for the conference., (Telephone Conference set for 4/13/2021 at 11:00 AM before Judge John G. Koeltl.) (Signed by Judge John G. Koeltl on 3/31/2021) (nb) (Entered: 04/02/2021)
04/09/2021		<u>13</u>	ORDER: A telephone conference scheduled for Tuesday, April 13, 2021 is adjourned to Tuesday, April 27, 2021, at 12:00pm. The facility where the defendant is housed shall make the plaintiff available for the conference. The parties shall dial in, at 888 363-4749, with access code 8140049. Counsel for the defendants shall forward a

		copy of this order to the facility where the plaintiff is housed, and shall make all arrangements with the facility to have the plaintiff available for the conference. SO ORDERED. (Signed by Judge John G. Koeltl on 4/9/2021) (Telephone Conference set for 4/27/2021 at 12:00 PM before Judge John G. Koeltl.) (ks) (Entered: 04/09/2021)
04/13/2021	<u>14</u>	WAIVER OF SERVICE RETURNED EXECUTED. Gadsen waiver sent on 4/13/2021, answer due 6/14/2021; Cohall waiver sent on 4/13/2021, answer due 6/14/2021; Felipe waiver sent on 4/13/2021, answer due 6/14/2021. Document filed by Gadsen; Cohall; Felipe..(Richardson, Lisa) (Entered: 04/13/2021)
04/21/2021	<u>15</u>	PRO SE MEMORANDUM, dated 4/15/21 re: CHANGE OF ADDRESS for Peter Rodriguez. New Address: 15-00 Hazen Street, E. Elmhurst, NY, 11370. (sc) (Entered: 04/21/2021)
04/26/2021	<u>16</u>	NOTICE OF APPEARANCE by Mark Galen Toews on behalf of City of New York.. (Toews, Mark) (Entered: 04/26/2021)
04/27/2021	<u>17</u>	ORDER: The teleconference scheduled for Tuesday, April 27, 2021 at 12:00 pm is adjourned to May 12, 2021 at 3:30 p.m. The facility where the defendant is housed shall make the plaintiff available for the conference. The parties shall dial in at 888-363-4749, with access code 8140049. Counsel for the defendants shall forward a copy of this order to the facility where the plaintiff is housed and shall make all arrangements with the facility to have the plaintiff available for the conference. SO ORDERED. (Signed by Judge John G. Koeltl on 4/27/2021) (Telephone Conference set for 5/12/2021 at 03:30 PM before Judge John G. Koeltl.) (ks) (Entered: 04/28/2021)
05/13/2021	<u>18</u>	LETTER addressed to Judge John G. Koeltl from Ian William Forster dated May 13, 2021 re: rescheduling the conference, Defendants' anticipated motion to dismiss. Document filed by City of New York, Cohall, Felipe, Gadsen..(Forster, Ian) (Entered: 05/13/2021)
05/13/2021	<u>19</u>	ORDER: A teleconference is scheduled for Wednesday, May 19, 2021 at 12:00 p.m. The facility where the defendant is housed shall make the plaintiff available for the conference. The parties shall dial in at 888-363-4749, with access code 8140049. Counsel for the defendants shall forward a copy of this order to the facility where the plaintiff is housed and shall make all arrangements with the facility to have the plaintiff available for the conference. SO ORDERED. (Signed by Judge John G. Koeltl on 5/13/2021) (Telephone Conference set for 5/19/2021 at 12:00 PM before Judge John G. Koeltl.) (ks) (Entered: 05/14/2021)

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Write the full name of each plaintiff.

-against-

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

____ CV _____
(Include case number if one has been assigned)

AMENDED
COMPLAINT
(Prisoner)

Do you want a jury trial?
☐ Yes ☐ No

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☐ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

First Name

Middle Initial

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Current Place of Detention

Institutional Address

County, City

State

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 2:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 3:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 4:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: _____

Date(s) of occurrence: _____

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Dated _____		Plaintiff's Signature _____
First Name _____	Middle Initial _____	Last Name _____
Prison Address _____		
County, City _____	State _____	Zip Code _____

Date on which I am delivering this complaint to prison authorities for mailing: _____

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

(List the full name(s) of the plaintiff(s)/petitioner(s).)

-against-

____ CV _____ () ()

**Application for the Court to
Request Pro Bono Counsel**

(List the full name(s) of the defendant(s)/respondent(s).)

I ask the Court to request a pro bono attorney to represent me in this action.

1. Have you previously filed a "Request to Proceed in Forma Pauperis" (an IFP application)? Please check the appropriate box below:

- ☐ I have previously filed an IFP application in this case, and it is a true and correct representation of my current financial status.
- ☐ I have not previously filed an IFP application in this case and now attach an original IFP application showing my financial status.
- ☐ I have previously filed an IFP application in this case, but my financial status has changed. I have attached a new IFP application showing my current financial status.

2. Explain why you need an attorney in this case. (Please note that requests for pro bono counsel are rarely granted at the early stages of a case and usually not before the Court has issued a decision on the merits of the case.)
- _____
- _____
- _____

PRO SE INTAKE WINDOW LOCATIONS:
40 FOLEY SQUARE | NEW YORK, NY 10007
300 QUARROPAS STREET | WHITE PLAINS, NY 10601

MAILING ADDRESS:
500 PEARL STREET | NEW YORK, NY 10007
PRO SE INTAKE UNIT: 212-805-0136

3. Explain what steps you have taken to find an attorney. (Please identify the lawyers, law firms or legal clinics you have contacted and their responses to your requests. If you have limited access to telephone, mail, or other communication methods, or if you otherwise have had difficulty contacting attorneys, please explain.)

4. If you speak a language other than English, state the language:
_____. (The Court may not be able to find a volunteer attorney who speaks your language.)

I understand that if an attorney volunteers to represent me and learns that I can afford to pay for an attorney, the attorney may give this information to the Court.

I understand that even if the Court grants this application, there is no guarantee that an attorney will volunteer to represent me.

Date

Signature

Name (Last, First, MI)

Prison Identification # (if incarcerated)

Address

City

State

Zip Code

Telephone Number

E-mail Address (if available)

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